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JAN 15 2008

EXPRESS MAIL LABEL DATE IN

FOR PICKUP OR TRACKING CALL 1-800-222-1811

Addressee Copy  
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE® Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Date Accepted	Scheduled Date of Delivery	Mo. Day	Employee Signature
Mo. Day Year	Month Day	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Time Accepted	Scheduled Time of Delivery	Mo. Day	Employee Signature
Mo. Day Year	Mo. Day Year	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Mo. Day	Employee Signature
lbs. ozs.	Int'l Alpha Country Code		

WAVES OF SIGNATURE (Customer Signature) Additional merchandise insurance is void if waves of signature is not present. Waves of signature is required for all insured items. Signature of employee is required for all insured items. Signature of employee is required for all insured items. Signature of employee is required for all insured items.

NO DELIVERY ☐ Workday ☐ Holiday ☐ Customer Signature

FROM: (PLEASE PRINT)

PHONE ( )

TO: (PLEASE PRINT)

PHONE ( )

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